

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN

7-1-10 to 12-31-10
MILWAUKEE COUNTY
ELECTION COMMISSION

Is This Report an Amendment: ☐ Yes ☐ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of James White

Street Address

3070 North 13th Street

City, State and Zip Code

Milwaukee WI 53206

2011 FEB -7 P 1:11

RECEIVED

OFFICE USE ONLY

WSEB ID Number:

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☒ January Continuing 11 ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☐ July-Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ -0-	\$ -0-	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ -0-	\$ -0-	\$	\$
1C. Other Income and Commercial Loans	\$ 100.25	\$ 250.25	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 100.25	\$ 250.25	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 42.00	\$ 54.00	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ -0-	\$ -0-	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 42.00	\$ 54.00	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 138.00	\$ 138.00
Total Receipts	\$ 100.25	\$ 100.25
Subtotal	\$ 238.25	\$ 238.25
Total Disbursements	\$ 42.00	\$ 42.00
CASH BALANCE END OF REPORT	\$ 196.25	\$ 196.25
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ -0-	\$ -
LOANS (Balance at the Close of This Period-3B)	\$ (284.85)	\$ (284.85)

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
LEWIS M. FIKER	<i>Lewis M. Fiker</i>	JAN 28, 2011
		Daytime Phone: 414-899-8500

The information on this form is required by ss. 11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.60, 11.61, Wis. Stats.

SCHEDULE 1-C**RECEIPTS**
Other Income and Commercial LoansPage 4 of 10

Complete Committee Name

Friends of James White

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /	James White 3070 North 12th St. Milwaukee WI 53206	Overpayment Repay	\$ 100.25	
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
SUBTOTAL OTHER INCOME THIS PAGE			\$ 100.25	
TOTAL ITEMIZED OTHER INCOME			\$ 100.25	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$ 0.00	
TOTAL OTHER INCOME			\$ 100.25	

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

 Page 5 of 10

Complete Committee Name

Friends of James White

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	JP Morgan Chase Bank 2300 North Harbor Martin Luther King Milwaukee, WI 53212	Bank Charges	\$42.00	
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 42.00	
TOTAL ITEMIZED EXPENDITURES			\$ 42.00	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ -0-	
TOTAL EXPENDITURES			\$ 42.00	